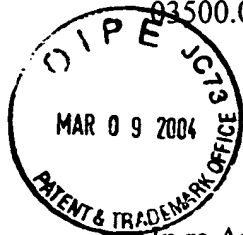


03500.014356.

PATENT APPLICATION # 9. SC
3/11/04



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

NORIKO OTANI ET AL.

Appln. No.: 09/533,255

Filed: March 23, 2000

For: APPARATUS AND METHOD
FOR DIVIDING DOCUMENT
INCLUDING TABLE

)
:
Examiner: J. Campbell

)
:
Group Art Unit: 2178

)
:
March 8, 2004

RECEIVED

MAR 10 2004

Technology Center 2100

Mail Stop Non-Fee Amendment
The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

Supplemental to the Amendment dated December 15, 2003, please further amend the above-referenced application as follows. The specification changes are reflected at page 2, and the Remarks begin at page 3.

In re Application of:

NORIKO OTANI ET AL.

Application No.: 09/533,255

Filed: March 23, 2000

For: APPARATUS AND METHOD FOR DIVIDING
DOCUMENT INCLUDING TABLE

Docket No. 03500.014356.

Examiner: J. Campbell

Group Art Unit: 2178

Date: March 8, 2004



Mail Stop Non-Fee Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is a Supplemental Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 45	MINUS	** 45	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145°/\$290						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 7,80

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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